

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. APPLICANT'S	FILING DATE
10/520 494	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
2	/						
3	2						
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50							
TOTAL IND.		↓	1		↓		↓
TOTAL DEP.		←	8	←		←	←
TOTAL CLAIMS			9				